

**REQUEST FOR CHANGE IN FILING STATUS  
TOWN OF CRESTED BUTTE  
SALES TAX**

BUSINESS NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Due to the seasonal nature of my business within the Town of Crested Butte, I am requesting a change from monthly filing status to one of the following (Please check appropriate box):

Monthly Status:  
(More than \$50 tax collected monthly)

Quarterly Status:  
(Less than \$40 tax collected monthly)

Annual Status: \_\_\_\_\_  
(Less than \$10 tax collected monthly)

The average amount of Crested Butte sales taxes that I collect in a month is: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please return form to:

Town of Crested Butte  
Attn: Sales Tax Department  
PO Box 39  
Crested Butte, CO 81224

Phone: 970-349-5338

Fax: 970-349-6626

**OFFICE USE ONLY**

Filing Frequency \_\_\_\_\_

Change is effective \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_